B. No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD UNFADING INK-THIS IS PLAINLY, WITH WRITE

'PLACE OF DEATH County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 260

Ward)

[if death occurred in

* FULL NAME Lewis P. atwell	give its NAME iostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, Married, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17
G DATE OF BIRTH Sefet. 16, 1862. (Month) (Day) (Year)	Sefat, 1914, to Cefficial 1915, that I last saw he alive on Cefficial 1, 1914
7 AGE 11 LESS than 1 day, hrs. 0 mos. 2 ds. 0 cs. min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or Uparticular kind of work. The second s	Caroner Suleralitial Repairies
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 10 yrs. mos. ds.
Shirthplace (State or country) Delaware,	(Secondary) (Deration) Ayrs mos ds,
11 BIRTHPLACE	(Signed) Leo X. Jules, M. D.
OFFATHER (State or country) Mary Carry 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mannfands	18 LENGTH OF RESIDENCE (FOR HOSPITAUS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of the original state of death yrs, mos, ds, where was disease contracted.
(Informant) & Localetth Ly, Chivell,	If not at place of death? Former or usual residence.
(Address) Golt & Maryland. 16 Filed Glar & 1915 Farry Triffith REGISTRAR	Journal Sol Date of Burial Journal Sol April 191. 2 20 UNDERTAKER M. J. Malson Smiddliown
If more Manks are seeded, address State Registra	r, 6 E. Frankfin St., Balto., Requesting V. S. No. 1.

5538

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Ceal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second the nature of the business or industry, and therefore an tion is very important, so that the relative lealthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar preumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," -H art failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Examples:



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N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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PLACE OF DEATH	STATE OF MARYLAND
TO A	CERTIFICATE OF DEATH
County	Registration Dist. No. 203
Village or City Edes Ville Men Roc	R Hall St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead
*FULL NAME Alverla 7	9 alce ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Fluch Single, Marile Wishouse, World (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last saw h ex allve on april 9th 1915
7 AGE If LESS than	and that death occurred on the date stated above, at 6 Mm.
3 7 yrs mos ds OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or House Kee Transparticular kind of work.	Interculosis
(h) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. / ds.
9 SIRTHPLACE (State or country) Kent- Co. Mac	Gontributory (Secondary) (Deration) yrs mos ds.
FATHER William Tillman	(Signed) Thres William, M. D.
State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
State or country) Rend- C!! Inc. 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Kent Co mu	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, INSTITUTI
(Informant) Samuel Braves	If not at place of death?
(Address). Rock Hall me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Shanlown Cameler Open 15 1815
Filed 4/13- ,191.5-7.18. Durding REGISTRAR	20 UNDERTAKER ADDRESS Tho H Cura, Rock Hall
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V.S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 de.: affection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... ture of the American Medical Association.) is less definite; avoid use of "Tumor" for mailg The contributory (secondary or Intercurrent) (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



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N.B.

may be properly classified. Exact statement of OCCUPATION is very PHYSICIANS should RECORD A PERMANENT should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so that it missee instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, s. Important.

state

1 PLACE OF DEATH

5529

Village or City Stear Cole



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or institution.

	*FULL NAME George Staube	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	* COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Cfrie 19, 1915 (Month) (Day (Year)
6 DAT	(Month) (Day (Year)	that I last saw h so calive on Chil
800	it LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 7 " m. The CAUSE OF DEATH* was as follows: Pulmoudry Julierculosis
parti (b) (busing which	General nature of industry, ess, or establishment in h employed (or employer)	(Ouration) yrs.— @ mos. ds.
(State or country.) Tent Co Ind.	Contributory Secondary (Doration) - yrs mos ds (Signed) - 9 murkir M.D.
Z W	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
	of MOTHER and J. Brooks. 13 BIRTHPLACE OF MOTHER (State or country) Way land. HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs mos ds Where was disease contracted,
	ntormant) Leward Baules.	if not at place of death? Former or usual residence
15 Filed	April 20 "1914 - William Pur	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Opt 21

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. 'The (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae ete., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less defiuite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of



V. S. No. 1.

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state 10 shoul OCCUPATION PHYSICIANS 10 statement PERMANENT classified. proper INK supplied. UNFADING may 50 WITH should 00 Information 1 DEATH Jo Item OF Every It

1 PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH Registration Dist. No 202 Ilf death occurred in St.:....Ward) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE, 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Xear) 7 AGE if LESS than and that death occurred on the date stated above, at ... 1 day hrs. mas. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ... BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) terms. 26,1915 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME ATH in plain instructions o OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State Where was disease contracted. 14 THE ABOVE IS THUE KNOWLEDGE If not at place of death? Former or usual residence mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 30 UNDERTAKER ADDRESS 195 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples additional line is provided for the lutter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the applies to each aud every persou, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen ehanged or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a defiuite salary), may be entered as material worked ou may form part of the second Grocery; (a) Poreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic ehildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," geuital," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ecr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopnoumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertakeu. The contributory (secondary or intercurrent) Measles "Schile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAY3 1915
BUREAU, V.S.

1 PLACE OF DEATH

Very

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 20	12
.regionium.	P 1001	1 1 V , modeline de maine	-

St.:....Ward)

lit death occurred in a hospital or institution. give its NAME lostead of street and nomber.]

(Day Tnat I attended deceased and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows: *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuby; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the State _____ yrs. DATE OF BURIAL ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S.

[Approved by U. S. Census and American Public Health Association.]

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gaiufully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Foreman," "Mauager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrrant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritouaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The unture of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendatious on statement of (secondary or intercurrent) "Exhaustion,"



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PHYSICIANS shou statement PERMANENT classified. O -THIS properly INK supplied. UNFADING certificate. 00 WITH back terms, pinous LO ATH in plain instructions Information of Inford Sec Item HO mportant. Every It M ż

1 PLACE OF DEATH STATE OF MARYLAND 5533 CERTIFICATE OF DEATH County. Registration Dist. No. & Ilt death occurred in St .: Ward) a hospital or Institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. 1912 WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above. 1 day,....hrs. -min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ---Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. Stale yrs. Where was disease contracted. THE ABOVE IS TRUE TO If not at place of death?. (Intormant) usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER DDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers minc, etc. Women at home, who are engaged in the statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopucumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia, "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopmeumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scuile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of etc. State cause for For VIO-



PLACE OF DEATH	0000	STATE OF MA	RYLAND
Kent-	(111)	CERTIFICATE	OF DEATH
County	101.	Registration D	ist No EU
2.0	11 11	Registration b	
Village or City Mear Kock	No.	St.; War	d) [If death occurred in a hospital or institution,
01		1 11	give its NAME instead of street and number.]
2 FULL NAME ESLOLL	a C	Carkson	at prices and names.]
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE C	JF DEAIN
SEX 4 COLOR OR RACE MARRIE	n 7.	16 DATE OF DEATH	1 30 1915-
Tomale 19 Packs ORDIVO	the word)	(Month)	(Day) (Year)
	the word)	17 I HEREBY CERTIFY, That	l attended deceased from
8 DATE OF BIRTH	27 001	1915, to 4p	ul 23 , 1915,
(Month) (7) 1891 Day) (Year)	that I last saw has alive on Afric	25- 1915-
7 AGE	If LESS than	and that death occurred on the date states	dehave at 5- A -
	1 day,hrs.	The CAUSE OF DEATH* was as follows:	above, at
23 yrs. // mos	ds. ORmin.?	P	
8 OCCUPATION		Now Muller	10-11-01
(a) Trade, profession, er ook particular kind ef work	DA 0 040 0 000 0 000 0 000 0 000 000 000	DVB	Control of a hard of the body of the dead and missions were an arrange on
(b) General nature of industry,			
business, or establishment in which employed (or employer)		(Duration)	yrs. mos ds.
9 BIRTHPLACE 9/	G	Gontributory (Secondary)	UN
(State or country) Le 1- Co	mal	(Deration)	vre mne de
10 NAME OF S. A. A.		. 014:17.	21119/19-11
FATHER Wesley Su	800	(Signed)	age to the or
O 11 BIRTHPLACE		, 191 (Address) 7 02	15 Dall.
State or country) Kenh	To Tuce	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and	In deaths from VIOLENT
OF FATHER (State or country) Kent	2	TAL, SUICIDAL, OF HOMICIDAL.	d (2) whether Acciden-
a Ola . K. Va	Loyer	18 LENGTH OF RESIDENCE (FOR HOSPITALS	INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER OF	m.	At place of In the	
(State or country) Kend- C:	ma	of death yrs mos ds. State . Where was disease contracted,	yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY	KNOWLEDGE	If not at place of death?	acastr,
(Intermant / Uskey Siseo.	- tarther	Former or usual residence	1/Kent Con
	ma	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) Rock Hall		11 1 - 1	74. 3
16 5/2 480	1	20 UNDERTAKER	ADDRESS
Filed / 2 , 191.5 / 10 . 8	mrung,	200 410	0 . 1
	REGISTRAR	JAN TT Carry	Rollingal
If more blanks are needed, a	iddress State Registra	r, 6 E. Franklin St., Balto., Requesting V. S.	No. 1.

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[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Leaithfulessary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

childbirth or miscarriage, as "Purpreal scotichaccause. Always qualify all diseases resulting from inus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: valvular heart discase; Chronic interstitial nephritis ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... Is less definite; avoid use of "Tumor" for mails The contributory (secondary or Intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can Examples:



W. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 5535	STATE OF MARYLAND CERTIFICATE OF DEATH
County Landella	Registration Dist. No. 200
Village or City Lassafras (No.	St.; Ward) [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF SEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw have allve on Change & 1915
FAGE If LESS than 1 day,hrs. ds. ORmin. ? COCCUPATION (a) Trade, profession, or particular kind of work. ORmin. ?	and that death occurred on the date stated above, at
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
OF FATHER Ludley Clough 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER Chialeth Parell 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mes, ds. State yrs, mes, ds.
(Informant) Leady Carago	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 15 Filled A. 191 Arriy Register 16 more blanks are greeded, address State Registra	20 UNDERTAKER ADDRESS Ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomencla. "Contributory." Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify ail diseases resulting "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion, Examples:



4

1 PLACE OF DEATH

	lage or City near Golf (No. 2) 2FULL NAME Carrie L. Edu	CERTIFICATE OF DEATH Registration Dist. No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	enuale 4 COLOR OR RACE 5 SINGLE, MARRIED, WOOWED, ORDIVORCED (Write the word) ATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Yes 17 I HEREBY CERTIFY, That I attended deceased
7	(Month) (Day (Year)	that I last saw her alive on april 22 and, 18
7 A (GE It LESS than 1 day,hrs. ORmin. ?	The CAUSE OF DEATH* was as follows: Pullumonia (Pronchs)
par par) Trade, protession, or ricular kind of work	
(b) bus whi		Contributory Acule Browchilis Secondary (Question) yrs mos.
par (b) bus whi	rticular kind of work	Contributory acute Brouchitis Secondary (Signed) Contributory acute Brouchitis (Signed) Contributory acute (Signed)
par (b) bus whi	ricular kind of work General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER Joseph A. Enloyands	Contributory Acute Bronchilis Secondary (Signed) (Signed) (Signed) (Address) *State the Disease Causing Death, or, in deaths from Vic Causes, state (1) Means of Injury; and (2) whether Acct Tal, Suicidal, or Homicidal.
PARENTS IN G (4)	ricular kind of work General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) MAC 14 MAIDEN NAME OF MOTHER (State or country) MAC 15 BIRTHPLACE OF MOTHER (State or country) MAC 16 MOTHER (State or country) MAC 17 MAIDEN MAC MAC MAC MAC MAC MAC MAC MA	Contributory Acute Browchilis Secondary (Signed) Chap of Salines (Signed) Pale of Salines *State the Disease Causing Death, or, in deaths from Vic Causes, state (1) Means of Injury; and (2) whether Acct Tal, Suicidal, or Homicidal. 16 Length of Residents At place In the ot death yrs. mos. ds. State yrs. mos.
PARENTS STATE OF THE PARENTS	10 NAME OF FATHER Sosely L. Edwards 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CARRIE L. Ting	(Signed) *State the Disease Causing Death, or, in deaths from Vic Causes, state (1) Means of Injury; and (2) whether Accordance or Recent Residents *Itelength of Residents At place In the

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state ocenpation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the ocenpations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm luborer, Laborer-Coulstatement. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. been changed or given up ou account of the disease Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-l'reeise statement of oecupa-If retired from business, that faet may be iudi-Women at home, who are engaged in the Nevcr return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

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cause of death approved by Committee on Nomenelascpsis, tetanus) may be stated under the head of "Coutributory." (Recommendations on statement of mia," "Puerperal peritonitis," etc. State eause for ralvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, ete., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ete. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: cte., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustion," Never report For vio-



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH N.B.

STATE OF MARYLAND

County of cut	CERTIFICATE OF DEATH
	Registration Dist. No. 202
Village or City Mestertown No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Pulle of Birth 4 COLOR OR RACE 5 SINGLE, MARRIED, WIGOWEO, Wigoweo, OR OLVORGED (Write the word)	18 DATE OF DEATH (Stil. 1915) (Month) (Bay (Year) 17) HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year) 7 AGE If LESS than	that I last saw h. Alamos College 191
6.2 % mos ds 1 day, hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry,	Oretral apoplagia
business, or establishment in which employed (or employer)	Godation) yrs. mos 7 ds.
10 NAME OF FATHER SILENDING OF FATHER SILENDING OF MOTHER OF MANE OF COUNTY MENTALE OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT	(Signat) (Duration) yrs mos ds. (Signat) (Address) (Signat) (Sign
13 BIRTHPLACE OF MOTHER (State or countries) 14 THE ABOVE IS TRUE TO THE BEST OF MORIOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, ds. Where was disease contracted,
(Informant) Treffic Free (Address) Chesterlason	If not al place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Capiel 10, 191 30 Months Kocak RECISTRAR	Classe house afeil 10-, 1913. 20 UNDERTAKER DORESS CHIEFES
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

5537

1 PLACE OF DEATH

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each aud every person, irrespective of age. mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthfulness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: been changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The question The (6)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUEBFERAL perilonitis," etc. State childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anacmia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Coninjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomencla? "Contributory." scpsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of Accidental drowning; Street by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of head-homicide; Poisoned "Uraemia," "Weakness," "PUERPERAL septichaecause for



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OCCUPATION

PHYSICIANS

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No llington [If death occurred in St.:----Ward) a hospital or institution. give its NAME Instead of street and number.] 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from B DATE OF BIRTH 26 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS. INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER State or country of death yrs. State Where was disease contracted. 14THE ABOVE IS TRU if not at place of death? Former or (Informant) usual residence PLACE OF, BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKEA ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Bsito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described therm for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinologies

such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Tracmia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis sepsis, tetanus) may be stated under the head of dent; Revolver round of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds. (Recommendations on statement of "PUERPERAL schtichae-... (name origin; "Can Never report Examples:



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may be properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

1 PLACE OF DEATH

5539

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead ot street and nomber.]

FULL NAME	***************************************
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIEO, WIDOWED, WIDOWED, OROIVORCED	16 DATE OF DEATH U — 16 ,1915- (Month) (Day (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
Month) (Day (Year)	that I last saw halive on, 191
7 AGE it LESS than	and that death occurred on the date stated above, at SPm
	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or	Homourhage of the Unblid Cord.
particular kind of work	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country) Kent Co Mcl	Contributory secondary (Duration) yrs mos ds
10 NAME OF FATHER Why Wally	(Signed) W.S. Maywell, M.D. H-17-, 19157 (Address) Still Pond, Md.
Z OF FATHER (State or country) Vyama	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENT
of MOTHER Oda Kard.	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Kent Co hick	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted.
(Interment) washa former	If not at piace of death?
(Address) Still Rond Und	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
Filed april 17 4 1915 William Para	Wit from M. E. Ch yol Ohn 17 1815
REGISTRAR	M. H. Skrysen Still Road

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman," (2)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumouia"); Lobar pneumonia; Bronchopneumonia ("Tneumoula," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatie), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant ueoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause. Always qualify all diseases resulting from cte, when a definite disease can be ascertained as the genital," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for maligtetanus) may be stated under the head "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



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state Very PHYSICIANS should of OCCUPATION IS statement Exact stated classified. pe should properly AG supplied. pe may certificate. that 80 50 pe back terms, should plain Instructions information 드 of inform See OF Important. Every It

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. Ilt death accurred in -Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE MARRIED, Mas WIDOWED, (Day (Year) (Write the word) 17 DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than 1 day,....hrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment In (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) ot death yrs. _... mos. ..

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

KNOWLEDGE

REGISTRAR

Where was disease contracted,

PLACE OF BURIAL OR REMOVAL

BURIAL

If not at place of death?

20 UNDERTAKER

Former or

usual residence

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

cause of death approved by Committee on Nomenciacer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "I'uerperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state bEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

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PLACE OF DEATH

5541



STATE OF MARYLAND CERTIFICATE OF DEATH

Cou	nty Went 3041	CERTIFICATE OF DEATH Registration Dist. No. 202
Villa	2 FULL NAME & MMa Z	St.; Ward) [It death occurred is a hospital or institution, give its NAME lestead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male with the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hEREBY CERTIFY, That I attended deceased from
6 DA	May 8 , 1855 (Month) (Day (Year)	that I last saw here alive on after 4 1915
7 AG		and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) part	CUPATION Trade, protession, or House Work icular kind of work	Mefelinites
busin	General nature of Industry, ess, or establishment in h employed (or employer)	Contributory (Duration) Repair 18.
BIE (State or country) Bulto City Med.	Secondary
	10 NAME OF FATHER Augustal Mickles 11 BIRTHPLACE OF FATHER (State or country) Stronger	(Signed) Al Junto M. D. apr 6, 1915 (Address) Chestertown
PARENTS	12 MAIDEN NAME OF MOTHER Ward & Balley	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Hermanu	OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted.
	nformant)	It not at place of death?————————————————————————————————————
15	(Address) Ones textours My	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	May 2-11-11	/20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification as Day laborer, Tarm laborer, Laborer—Coal it should be used only when needed. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yes.) For persons ness. If retired from business, that faet may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclaschsis, tetanus) may be stated under the head of which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Tuerpenal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (Recommendations on statement of (secondary or intercurrent) State cause for Never report



CERTIFICATE OF DEATH pinous PHYSICIANS shou Registered No. St:Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, wido (Month) Write the word) HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day,hrs. THIS The CAUSE OF DEATH * was as follows: OR min. ? properly 8 OCCUPATION AGI (a) Trade, profession, or XX particular kind of work... (b) General nature of Industry. business, or establishment in UNFADING which employed (or employer) BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address)... OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT ARE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 드 At place OF MOTHER (State or country) In the of death yrs. mos. ds. State yrs. ____ mes. Where was disease contracted. If not at place of death?. ō Former or Item E OF OF usual residence. mportant 19 PLACE OF BURIAL OR REMOVAL Address) ... ITWWWW DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS m REGISTRAR ż 1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND

It death occurred in

a hospital or Institution. give its NAME instead of street and pumber.]

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Purpresal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla schsis, telanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Deblifty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-Sarcoma. etc., of ... The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin: "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1915
BUREAU, V.S.

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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. proper INK supplied. pe UNFADING тау certifica 50 terms, should Lo PLAINLY. ATH in plain instructions o Information DEATH WRITE See Jo OF Every item CAUSE OF important.

state Very

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [If death occurred in -Ward) a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED, (Day ORDIVORCED (Write the word I HEREBY CERTIFY, That Pattended deceased from DATE OF BIRTH P 1915 (Month) (Da (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? BOCCUPATION aumorea (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory Secondary (State or country 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER (State of cour (Address) PARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHE 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or count of death _____ yrs. ____ mos. ___ ds. State ____ Where was disease contracted. MY KNOWLEDGE If not at place of death? Former or usual residence OR REMOVAL (Address) ... 15

20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. statement. who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, been ehanged or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line wili be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as nant neoplasms); Measles; Whooping cough; Chronio cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "I'uerreral peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ecr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Scuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



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state should OCCUPATION PHYSICIANS RECORD PERMANENT classified. THIS properly supplied. pe UNFADING may 80 WITH back terms, plain See instructions information = of inform DEATH item E OF mportant. Every Ite

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred to .. Ward) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED 6 DATE OF BIRTH Maa (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment In (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 11 BIRTHPLACE ..., 1915. (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. State yrs. __ Where was disease contracted. 14 THE ABOVE IS TRU If not at place of death? Former or (Intermant). usual residence DATE OF BURIAL (Address).... 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacnant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-(Recommendations on statement of may be stated under the head For vio-



1 PLACE OF DEATH EXACTLY PHYSICIANS sified. Exact statement of County Village or City. Milage RECORD ² FULL NAME ed. AGE should be stated EXAC that it may be properly classified on back of certificate. PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, 3 SEX 4 COLOR OR RACE 5 WICOWED OR DIVORCED 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. min.? mos. e carefully supplied. plain terms, so that See Instructions on I B OCCUPATION
(a) Trade, profession, or particular kind of work b) General nature of Industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) pe 10 NAME OF = FATHER should is very important. EATH PARENTS .11 BIRTHPLACE OF FATHER (State or country) 0 12 MAIDEN NAME information OF MOTHER OF CAUSE 13 BIRTHPLACE OF MOTHER (State or country should state CAU 14 THE ABOVE IS TRUE TO THE BEST OF MY (informant) (Address) 15 UNDERTAKER 00 REGISTRAR ż

5545 STATE OF MARYLAND CERTIFICATE OF DEATH

....Ward)

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No. 202

If death occurred in a hospital or institution. give its NAME instead

of street and number,]

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16 DATE OF DEATH	Ah	10	14	101 5
***************************************	(Month	V.C.	(Day)	, 1912 (Year)
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, 1	91.9., 10	1/	/, 2	, 1919,
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and that death occurred	on the date	stated a	bove, at	#.A.m.
The CAUSE OF DEATH :	was as follo	ows:	-	
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(Signed)	Han	190	u	M. O.
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	Address)	re	zu	evus
*State the Disease C Causes, state (1) Means	AUSINO DEATH, of Injury; and	or, in dea 1 (2) who	the from V	IOLENT DENTAL,
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OR RECENT RESIDENTS)	In th	he		-
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Where was disease contracted,				
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onestertown	Mud.	741	MI	6 191.0.
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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. တဲ့

[Approved by U. S. Census and American Public Health Association.]

E yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, c. g., Farmer or Planler, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person, irrespective of age. Coal mine, etc. Statement of Occupation-The material worked on may form part Women at home, who are engaged in -Precise statement of occupa-If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tubereulosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marashead-homicide; Poisoned by Struck by railway train-accident; Revolver wound "PUERPERAL perilonitis," etc. State cause for which birth or misearriage as "Puenpenal sopticharmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Career" is less definite; avoid use of "Anaemia" "Coma," (merely symptomatic), "Atrophy, ona," "Convulsions," "Debility" The contributory (secondary or intereur-"Uracmia," "Weakness," carbolic acid-probably FOR VIOLENT DEATHS Never report mere (Recommendations "Atrophy," ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or Institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, (Day (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF ..., 1915 (Address) Still ARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos. Where was disease contracted. If not at place of death? Former or usual residence LACE OF BURIAL OR REMOVAL DATE OF BURNAL (Address) 15 20 UNDERT

If more blanks are peeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. causing dearn, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when ueeded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits eau be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous If the occupation has As examples: (0)

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, perilonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puenreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeeause. Always qualify all diseases resulting from ete., when a defiuite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee ou Nomenela-"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. genital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of 10

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1915
BURTAULV.S.

S. No. 1.

e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS N. B.—Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it main important. See instructions on back of certificate. WRITE PLAINLY, WITH

Village or City Rock Hall (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 203 [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fleuale White Single, Sugle MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
8 DATE OF BIRTH Much / , 1407 (Month) (Day (Kear)	that I last saw here alive on fure 22 ,1915.
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 10 Pm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Convillsions & Cochaustion (Ouration) yrs mos & ds.
9 BIRTHPLACE (State or country)	Gontributory
10 NAME OF Benj & Porter	(Signed) ON Selley, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. State (1) MEANS OF INJUNX; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country) Seif So May	At place in the ot death yrs mos ds State yrs mos ds
(Informant) - ALLING ME FOTHER	Where was disease contracted, it not at place of death? Former or usual residence
(Address) Coeff Hall Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 4/25 , 1913 T. B. Durding	Mesley Chafsel New Co Mes Upl Jes., 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonacum, etc., Carcin-

etc., when a defiuite disease can be ascertained as the valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatie), "Atrophy," mere symptoms or Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less dcfinite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; terminal conditions, such as "As-"Dropsy," "Exhaustion," For vio-

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RECEIVED
MAY 4 1915
BUREAU, V.S.

should is OCCUPATION PHYSICIANS RECORD ENT statemen EXACTLY. ERMAN BINDING Exa classified. pinous Œ S ō properly AGE ED supplied ESERV UNFADING may certificate. that It 0 50 ARGIN pe terms, on back ponid LO plain Instructions Information 5 DEATH Jo Item 10 mportant. Every Ite

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in ...Ward) a hospital or Institution, give its NAME instead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) Write the word) CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) TAGE If LESS than 1 day hrs. OR ? BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) ----Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER ot death _____ yrs. ____ mos. __ (State or country State Where was disease contracted. If not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL (Address). ..., 1915. 15 ADDRESS If more blanks are needed, address State Registran 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indishould be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-(b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, For persons -Coal

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichar-"Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Mcasics (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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B Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	
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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH en Registration Dist. No... If death occurred in St.;....Ward) a hospital or institution. give its NAME Instead of street and number.] ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH . 191 to. alive on (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 9 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLAC OF FATHER *State the DISEASE CAUSING DEATH, or, in death's from VIOLENT. CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRA If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers fication, as Bay laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mus," childbirth or miscarriage. as etc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephretic ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for -Hart failure," "Haemorrbage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. The contributory "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), may be stated under the head of (Recommendations on statement of (secondary or intercurrent "Dropsy," "Exhaustion," "PUERPERAL scptichae-(name origin; "Can-Never report Examples:

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MAY 1 1915
BUREAU, V.S.

S. No. 1.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

Villags or Gity Pixey Neck (No) 2FULL NAME AND MARKET	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 203 St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hutte Single, Married, Married, Married, Widower, Orolyorgen (Write the word)	(Month) (Day (Year)
Sept 10, 1850	that I last saw him alive on Amil 1 1913.
7 AGE (Month) (Day (Year) 11 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at #= 207 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer)	Reneral debetiles Topono (Ouration) yrs mas ds.
9 BIRTHPLACE (State or country)	Secondary (Doration) O yrs mos ds.
10 NAME OF FATHER MM PACE 11 BIRTHPLACE OF FATHER	(Signed) Meeter V. Selly 1 . M. D. Glace 1, 1315 (Address) Rock yare here
OF FATHER (State or country) Cleck 12 MAIDEN NAME OF MOTHER Mans a levelum and	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Reut	At place of death
(Informant) Aug Of The BEST OF MY KNOWLEDGE	It not at place of death?————————————————————————————————————
(Address) Colling Till New Co Mid. Filed 4/4, 1915 7.B. Durding REGISTRATE	Velley Chapel Kent Co Mer Apples 1915

If more blanks are needed, address State Registrar, 6 E. Franklia-St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaccte., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Semile," etc.), "Dropsy," "Exhaustion," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cte. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canwhich surgleal operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of

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MAY 4 1915
BUREAU, V.S.

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OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY. classified. D properly supplied. pe may 80 pinods plain Information = DEATH Item FO ы Every m

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [it death occurred in St .:---Ward) a hospital or institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 5 SINGLE. MARRIEO. WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 0 ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICHDAL, or HOMICIDAL. (State or countr 12 MAIDEN NAME See instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ___ ds. State _____ yrs. ___ mos. ___ Where was disease contracted. If not at place of death?..... mportant. usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciit should be used only when needed. cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvant, Cook, Housemuid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a defiuite salary), may be entered as mine, etc. statemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease eausing death—Name, first, the disease eausing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "hanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (seeondary), 10 ds. Never report ample: Meastes nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequeuees (e. g., by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustiou," (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for For vio-

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MAY 5 1915 BUREAU, V.S. RECORD

A PERMANENT

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S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
County Leup'	CERTIFICATE OF DEATH
0.0	Registration Dist. No. 202
Vittage or City Cheslerlown ?.	St.; Ward) [it death occurred in a hospital or institution,
*FULL NAME Orleum An	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Self COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORED ORDIVORED (Write the word)	18 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY FERTIFY, That I attended deceased from 191
(Month) (Day (Yelr)	that I last saw halive on Allula
7 AGE It LESS than day, hrs.	and that death occurred on the date stated above, at 8.30 4 m. The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work. House Aurl we	Fulmmary Suberculous
(b) General nature of industry, business, or establishment in Which employed (or employer) Duttures	(Buration) / yrs mos ds.
State or country) Balliluru	Secondary (Duration) Ars 4
10 NAME OF TATHER TAS Giley	(Signed) Freud Colombia, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental Accidental Causes, state (1) Means of Injury; and (2) whether Accidental Causes (2) whether Accidental Causes (3) and (3) whether Accidental Causes (3) and (4) whether Accidental Causes (3) and (4) are accidental Causes (4) (
of Mother Mary Sautton	18 LENGTH OF RESIDENCE (FOR HOSPITALE INSTITUTIONS TRANSPORTED
13 BIRTHPLACE OF MOTHER (State or country)	At piace In the ot death yrs mos ds. State yrs mos ds
(Informant) Mary Haulton	Where was disease contracted, It not at place of death? Former or
(Address) Cheolellown	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAN
Filed april 17, 1915 - W. Africks	29 UNDERTAKER DORESS DORESS
	trar, 6 E. Franklin St., Balto., Requesting Y S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: uess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Screant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Honsewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the sceond it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Preeise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonacum, etc., Carcin-

ehildbirth or misearriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State eause for mus," "Old Age," "Shoek," "Uraemia," "Weakness," affection need not be stated unless important. nant neoplasms); Measics; Whooping cough; Chronic scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably saicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopmcumonia (secondary), 10 ds. The eoutributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

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MAY3.1915
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

11

		1 PLACE OF DEATH	STATE OF MARYLAND
	Cour	ity Steret	CERTIFICATE OF DEATH
		1, 1	Registration Dist. No. 2 52
	Villa	ge or City (No. (No.	St.; Ward) [If death occurred in a hospital or institution give its NAME instead
	Ī	2 FULL NAME Kenggo	ef street and number.]
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SE	male Polorice 5 SINGLE MARRIED, Beright WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH April (Month) (Day) , 191
certificate	-	TE OF BIRTH CARAGE - 22 1915-	was present in to fire but he fire,
Cer		(Month) (Day) (Year)	that I het saw halive on
k of	7 AG	If LESS than 1 day, hrs.	and that death occurred on the date stated above, at ,
pac		O yrs. O mos. O ds. OR min.?	The CAUSE OF DEATH * was as follows:
0	8 0	CCUPATION a) Trade, profession, or	
Sug	pa	rticular kind of work	1 4 4 7 C
Picti	bu	sites or establishment in nich employer)	A (Duraljón) yrs mos ds.
instr		IRTHPLACE (State or country)	Contributory WhotOn
See ii		mai lomona	(Adration) yrs. mos. ds.
က်		10 NAME OF FATHER OF THE PROPERTY OF APRIL	(Signed) It Denglannow. M. O.
ant	S	11 BIRTHPLACE M	apr2 1985 Caddress Chesterlown md.
importan	RENT	OF FATHER (State or country)	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
	PAR	12 MAIDEN NAME OF MOTHER MAIL COLLEGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSLENTS,
Is very		13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) Al place of desthyrsmosds. State,yrsmosds.
- 11	14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
TI		(informant) allu Kinggold	Former or , usual residence
OCCUPATION		(Address) Chastertown Rx73	PASSING DATE OF BURIAL CAPIL 23 3017
0	15 FI	led afrila, 1915 M.J. Sticks	20 UNDERTAKER ADDRESS
		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

-Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekvepers who receive a definite salary), may be entered as Housebusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," Housemaid, etc. If the occupation has been changed mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Collon "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway troin-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means or injury and qualify as accidental, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerpenal scptichaemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, to determine definitely. Examples: Accidental drowning, "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitiol ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uracmia," "Weakness," "Dropsy," State cause for which Never report mere (Recommendations "Exhaustion,"

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1 PLACE OF DEATH

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wife, Housewark, or At Home, and children, not gainfully of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ciun, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-('oal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantion," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valeular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of cause. Always qualify all diseases resulting from child-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Senile," etc.), The contributory (secondary or intercurcorbolic acid-probably Never report mere "Atrophy," ACCIDENTAL,

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RECORD PERMANENT stated EXACTLY. 4 UNFADING INK-THIS IS AGE should carefully supplied. WRITE PLAINLY, WITH Every Item of Information should be CAUSE OF DEATH in plain terms, s. Important.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

1 PLACE OF DEATH 5500 STATE OF MARYLAND CERTIFICATE OF DEATH

Mean Worton Village or City St.; ..Ward)

Registration Dist. No. 202

Ilf death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hete Single, Single MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That Lettended deceased from
TAGE DATE OF BIRTH (Money) (Day (Year) Tage	that I last saw h 1 alive on after 27, 1910-
The state of the s	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Quality yrs mos ds.
9 BIRTHPLACE (State or country) Kentles. Mid.	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER SLEXAUDED Taylor 11 BIRTHPLACE OF FATHER (State or country) Klub Co Mill 22 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , 181.5. (Address)
13 BIRTHPLACE OF MOTHER (State or country) leaf to Mild.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) A SUSTEMBLE OF MY KNOWLEDGE	Where was diseasa contracted, If not at place of death?
(Address) Morton Kent Go Mill 16 Filed africa 9, 1913 What Africks	19 PLACE OF BURIAL OR REMOVAL NOTION NEW LOO MAN. 24 PKL 29, 191 5 29 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation hus of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. - As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF THE Probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "I'UERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Conyulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," etc. State cause for For vio-

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